

DIVISION OF DEVELOPMENTAL DISABILITIES

WAIVER ELIGIBILITY DETERMINATION CHECKLIST

Completion of this form is required at the time of initial referral to the Waiver and at each annual waiver reassessment.

CLIENT DATA

CLIENT'S NAME	DDD NUMBER	REGION	ORIGINAL REFERRAL DATE	CURRENT POC DATE

WAIVER ELIGIBILITY DETERMINATION

	Yes	No	N/A	Date of Evidence
1. Meets ICF/MR level of care.....	<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/> DSHS 15-168 or DSHS 15-170A or				
<input type="checkbox"/> Other evidence. (designee signature)_____				
2. The individual chooses to receive services in the community rather than in an ICF/MR facility per signed Voluntary Participation form (DSHS 10-296).....	<input type="checkbox"/>	<input type="checkbox"/>		_____
3. Meets disability criteria established in the Social Security act.....	<input type="checkbox"/>	<input type="checkbox"/>		_____
Select one of the following:				
<input type="checkbox"/> Is an SSI recipient				
<input type="checkbox"/> Meets SSI disability criteria as determined by DDS				
<input type="checkbox"/> Is SSI eligible due to 1619b eligibility				
<input type="checkbox"/> Is a Social Security beneficiary as an Adult Disabled Child (DAC)				
<input type="checkbox"/> Is a beneficiary of Social Security Disability Insurance Benefits (DIB)				
4. Is financially eligible as verified per CSO communication or Aces.....	<input type="checkbox"/>	<input type="checkbox"/>		_____
5. Plan of Care is completed and identifies needed waiver services.....	<input type="checkbox"/>	<input type="checkbox"/>		_____
6. Individual has been on the waiver and uses a waiver service monthly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (MIP)	
7. This individual is eligible for DDD HCBS Waiver.....	<input type="checkbox"/>	<input type="checkbox"/>		

A "NO" for any of the above items means the person is not eligible for the Waiver.

- Follow procedures for notification and appeal rights.
- Send checklist to Waiver Program Manager at MS: 45310.

CASE MANAGER	DATE	TELEPHONE NUMBER (INCLUDE AREA CODE)

INSTRUCTIONS

How often must this checklist be completed?

This checklist is completed at the time of the initial referral and at the time of the annual waiver reassessment.

What determines the “Referral Date”?

The “referral” date is the date Headquarters approves assignment to the waiver.

Why is the “Referral Date” important?

The “referral date” is the begin date of a 90-day timeline for completing all steps on this referral checklist.

- Medicaid Waiver eligibility start date is the Waiver “referral date”
- When all steps are not completed within 90 days the referral process must be terminated and re-started.
- For people living in institutions, there is a need to clarify waiver referral procedures for the outplacement of these individuals. See DDD Management Bulletin, D04-015 (http://adsaweb.dshs.wa.gov/docufind/mb/DDDMB2004/D04-015_INSTITUTIONAL_OUTPLACEMENT_6_10_2004.doc).

Must the Voluntary Participation form be signed every year?

The “Voluntary Participation Form” is only signed once and kept in the client file. When no signed form can be located in the client record you must complete another signed form.

Must the entire checklist be completed every year?

The checklist must be completed every year as long as the person remains eligible for a HCBS Waiver.

What do I do with the completed checklist for eligible individuals?

- For initial referrals to a HCBS Waiver, data is entered into the CCDB Waiver database and the checklist is filed in the client record.
- At the time of annual Waiver reassessment, file the completed checklist in the client record so it is available for file reviews and audits.

What do I do when there is a “No” answer in any one of the first five questions?

- When there is a “No” answer in any question 1-5, STOP.
- The person is not eligible. Place checklist in client record.
- Proceed to the next steps to deny or terminate Waiver eligibility and services.
- Complete a Change of Status form DSHS 10-275 when terminating previously waiver eligible individuals.
- If the person is determined “ineligible” for the Waiver, consult with your supervisor; initiate notification and appeal procedures; send a copy of the checklist and termination letter to the Waiver Program Manager in Headquarters at MS: 45310.